**Occupational Health Acceptance Questionnaire**

**Now that you have been made an offer to study/work at The University of Manchester we need to be aware of any disabilities or health conditions relevant to your proposed course of training and or future employment. Such information will be carefully considered in advising on your medical suitability for your proposed course/employment. Where appropriate we can then advise your school or line manager of any reasonable adjustments in light of the level of fitness required to complete your course or role.**

**Information provided will remain confidential to the Occupational Health Service. The relevant school or line manager will only be informed of the functional effects of any health concerns/disability if relevant to your educational needs or role.**

**Failure to provide all relevant, truthful and accurate information to The University’s Occupational Health Service may result in the offer of a place being withdrawn or reconsideration of your fitness to continue with the course or employment.**

**The Disability Advisory and Support Service (DASS) provide extra support during your course/employment,   
 for more information please visit their website:** [**www.manchester.ac.uk/disability**](http://www.manchester.ac.uk/disability)

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| **Section 1: Personal Details** | | | |
| **University User ID number:** | |  | |
| **First name:** | |  | |
| **Surname:** | |  | |
| **Title:** | |  | |
| **Date of birth:** | |  | |
| **Sex:** | |  | |
| **Address:** | |  | |
| **Telephone number:** | |  | |
| **Email:** | |  | |
| **Section 2: Health Declaration** | | | |
| **Number** | **Question** | | **Response** |
| 1 | Do you have an existing or recurrent health condition /disability/impairment (physical, sensory, learning or mental health) which may affect your capacity to start this role/ course safely? *Including the last 2 years.* | | Yes  No |
| 2 | Are there any adjustments or additional assistance that you may need in order to start and continue this role/course? | | Yes  No |
| 3 | Do you have problems with prolonged sitting, standing, walking, bending, fine motor skills, lifting or balancing? | | Yes  No |
| 4 | Have you ever required additional specialist equipment as a result of a condition to help you with performing role/course requirements? | | Yes  No |
| 5 | Are you currently receiving or waiting for any medical treatment, tests or therapy that may require adjustments to be made to your working conditions/facilities in the near future? | | Yes  No |
| 6 | Do you take any prescribed medication or experience side effects of medication that could affect your ability to do this role/course? | | Yes  No |
| 7 | Do you have difficulty with your eyesight, hearing or speech (please circle) that is not corrected by glasses / lenses / hearing aids or speech aids, that may require adjustments to be made to support you in your role/course? | | Yes  No |

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| **Further information** - *If yes to any of the above questions please give details including diagnosis, an indication of date and duration e.g. when condition developed, severity, effects, treatment/medication.* | | |
| **Question** | | **Further information** |
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| **Section 3: Vaccinations and Diseases** | | |
| **Number** | **Question** | |
| 1 | Have you had any of the following diseases:  Measles: Yes  No  Don’t know  Mumps: Yes  No  Don’t know  Rubella: Yes  No  Don’t know  Chicken  pox: Yes  No  Don’t know | |
| 2 | Have you received vaccinations for the following:  Measles: Yes  No  Don’t know  Mumps: Yes  No  Don’t know  Rubella: Yes  No  Don’t know  Chicken Pox: Yes  No  Don’t know  MMR  (Please note that 2 are required): First dose Yes  No  Don’t know   Second dose Yes  No | |
| 4 | Have you received your Hepatitis B vaccinations?  Yes  No | |
| 5 | If yes to question 4 please provide following dates and details:  Date of 1st dose:  Date of 2nd dose:  Date of 3rd dose:  Date of blood test:  Date of booster:  If you know the result of your blood test please enter here: | |
| 6 | Have you lived, travelled or worked abroad for 4 weeks or more in the last 5 years in one of the countries listed in the following link? <https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people>  Yes  No | |

**It is recommended that you should be up to date with all of your childhood vaccinations as outlined within the following link:** [**https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/**](https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/) **If you remain unsure of your vaccination status it would be advisable that you consult with your GP Surgery to discuss further and possibly arrange for any required vaccinations. This will ensure that you are up to date with the vaccination schedule as indicated within the guidelines prior to commencing your course at The University of Manchester.**

**I certify that my answers to the above questions are complete, accurate and no information has been withheld. I understand that if this is later shown not to be the case it may result in the offer of a place being withdrawn or reconsideration of my suitability to continue with my course/role. Tick box: ☐**

**Please return this questionnaire to the Occupational Health service:** [**occupationalhealth@manchester.ac.uk**](mailto:occupationalhealth@manchester.ac.uk)